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# UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF OKLAHOMA

In re: Stephen A Harry	)	
Tammy K Harry	, ) , Case N	
Debtor	) Chapte	er <u>7</u>
	,	
	ADVICE COVER SHEET	
The following pay advice/income record information	ation is filed on behalf of the del	btors:
Pay advices are attached as follows:		
Employer	Beginning date	Ending date
Debtor: Self employed see attached P&L		
Joint Debtor: receives ss disability income	<del></del>	
Debtor receives Social Security income		
	<del> </del>	
▼ The debtor certifies by his/her signature  The debtor certifi	re below that he/she has no pay 1	records because: Self-employed
Dated on July 27 , 2020 .		
	isi Stephen A Harry	
	Stephen A Harry	
	(Debtor Signature)	
	/s/ Tammy K Harry	
	Tammy K Harry	······································
	(Joint Signature)	
	Pro se Debtor	
		unsel
	Pro Se	
	(Attorney Signature)	
	Stephen A. Harry 204	199
	3030 NW Expresswa	
	Suite 200 Oklahoma City, OK 7	3112
	405-694-4353	
	405-213-1486 stephenaharry@sahl	lawoffice.com
	Counsel for	

				Expenses:			
Net P&L	Total	April May June	Jan Feb March		Total	May June	Jan Feb March April
\$16,050.00	\$8,600.00	\$1,900.00 \$1,400.00 \$1,100.00	\$1,600.00 \$1,200.00 \$1,400.00		\$24,650.00	\$4,800.00 \$4,300.00	\$2,850.00 \$4,500.00 \$3,500.00 \$4,700.00

income:

2020 Monthly P&L Stephen Harry

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2019, to let us **Cause**: 20-12553 Filed: 07/31/20 Page: 3 of 4 Doc: 5

### Your New Benefit Amount

## BENEFICIARY'S NAME: STEPHEN A HARRY

Your Social Security benefits will increase by 2.8% in 2019 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

### How Much Will I Get And When?

<ul> <li>How Much Will I Get And When?</li> <li>Your monthly amount (before deductions) is</li> <li>The amount we deduct for Medicare Medical Insurance is</li> </ul>	\$2,393.50 \$135.50
<ul> <li>The amount we deduct for some as of November 16, 2018,</li> <li>(If you did not have Medicare as of November 16, 2018,</li> <li>or if someone else pays your premium, we show \$0.00.)</li> <li>The amount we deduct for your Medicare Prescription Drug Plan is</li> <li>(We will notify you if the amount changes in 2019. If you did not elect</li> </ul>	<u>\$0.00</u>
withholding as of November 1, 2018, we show \$0.00.)  • The amount we deduct for voluntary Federal tax withholding is	\$0.00
<ul> <li>The amount we deduct to the first tax withholding as of (If you did not elect voluntary tax withholding as of November 16, 2018, we show \$0.00.)</li> <li>After we take any other deductions, you will receive on or about January 16, 2019.</li> </ul>	<u>\$2,258.00</u>

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. Or visit www.ssa.gov/non-medical/appeal to appeal online. We would be happy to review the amounts.

If you receive a paper check and want to switch to an electronic payment, please visit the Department of the Treasury's Go Direct website at www.godirect.org online.

### What If I Have Questions?

- Visit our website at www.socialsecurity.gov
- Call us toll-free at 1-800-772-1213 (TTY 1-800-325-0778)

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#### BENEFICIARY'S NAME: TAMMY K HARRY

• Vour monthly amount (hotoro doductions) is

Your Social Security benefits will increase by **1.6**% in 2020 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

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#### **How Much Will I Get And When?**

• four monthly amount (before deductions) is	<b>\$1,735.60</b>
• The amount we deduct for Medicare Medical Insurance is	<b>\$144.60</b>
(If you did not have Medicare as of November 22, 2019,	
or if someone else pays your premium, we show \$0.00.)	
• The amount we deduct for your Medicare Prescription Drug Plan is	\$0.00
(We will notify you if the amount changes in 2020. If you did not elect	
withholding as of November 1, 2019, we show \$0.00.)	
• The amount we deduct for voluntary Federal tax withholding is	\$0.00
(If you did not elect voluntary tax withholding as of	
November 22, 2019, we show \$0.00.)	
After we take any other deductions, you will receive	\$1,591,00
	-

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. Or visit **www.ssa.gov/non-medical/appeal** to appeal online. We would be happy to review the amounts.

If you receive a paper check and want to switch to an electronic payment, please visit the Department of the Treasury's Go Direct website at **www.godirect.org** online.

#### What If I Have Questions?

on or about January 15, 2020.

- Visit our website at www.socialsecurity.gov
- Call us toll-free at 1-800-772-1213 (TTY 1-800-325-0778)
- Contact your nearest Social Security office

12301 N. KELLEY AVE OKLAHOMA CITY OK 73131

### Other Help For Seniors

Call the Eldercare Locator service of the U.S. Administration on Aging at 1-800-677-1116 or visit *www.eldercare.acl.gov* to learn about a wide variety of services that may be helpful to you.